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		POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION 6	SITE NUMBER (to be assigned by HQ) TX 8508
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-333); 401 M St., SW; Washington, DC 20460.					
I. SITE IDENTIFICATION					
A. SITE NAME IRVING, CITY OF - C.F. SKALLION PROPERTX		B. STREET (or other identifier) W. OAKDALE ST. SIDE E			
C. CITY GRAND PRairie		D. STATE TX	E. ZIP CODE 75050	F. COUNTY NAME DALLAS	
G. OWNER/OPERATOR (if known) 1. NAME City of Irving / Lawrence Baker		2. TELEPHONE NUMBER 214/253-2611		3. DATE IDENTIFIED (mo., day, & yr.) 12/18/81	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION Operated as non-landfill in abandoned gravel pits from 1961-1967. Site is now occupied by a commercial business within Grand Prairie City Limits.					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) CERCLA NOTIFICATION TXS 1645					
L. PRINCIPAL STATE CONTACT 1. NAME A.C. GARDNER					
2. TELEPHONE NUMBER 214/767-4070					
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)					
C. PREPARER INFORMATION 1. NAME A.C. GARDNER					
2. TELEPHONE NUMBER 214/767-4070					
3. DATE (mo., day, & yr.) 8-24-82					
III. SITE INFORMATION					
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in low-quantity.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):					
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):					
C. AREA OF SITE (in acres) 25					
D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)					
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):					

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CHARACTERIZATION OF SITE ACTIVITY							
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.							
A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
1. RAIL		1. PILE		1. FILTRATION	<input checked="" type="checkbox"/>	1. LANDFILL	
2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM	
3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP	
4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT	
5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING	
6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION	
				7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION	
				8. SOLVENT RECOVERY		8. OTHER (specify):	
				9. OTHER (specify):			
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED All waste from IRVING AND a significant quantity from Grand Prairie was dumped into the pit and buried. Suspect waste was mixed with refuse. Suspect waste received from an asphalt company, paint and fertilizer company. Some waste from Drachatt.							
V. WASTE RELATED INFORMATION (V.4)							
A. WASTE TYPE							
<input type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. LIQUID <input checked="" type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS							
B. WASTE CHARACTERISTICS							
<input checked="" type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input checked="" type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input checked="" type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE <input type="checkbox"/> 10. OTHER (specify):							
C. WASTE CATEGORIES							
1. Are records of waste available? Specify items such as manifests, inventories, etc. below.							
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.							
a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS	
AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS	
<input type="checkbox"/> (2) METALS SLUDGES		<input type="checkbox"/> (2) OTHER (specify):		<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS		<input type="checkbox"/> (2) PICKLING LIQUORS	
<input type="checkbox"/> (3) POTW				<input type="checkbox"/> (3) OTHER (specify):		<input type="checkbox"/> (3) CAUSTICS	
<input type="checkbox"/> (4) ALUMINUM SLUDGE						<input type="checkbox"/> (4) PESTICIDES	
<input type="checkbox"/> (5) OTHER (specify):						<input type="checkbox"/> (5) DYES/INKS	
						<input type="checkbox"/> (6) CYANIDE	
						<input type="checkbox"/> (7) PHENOLS	
						<input type="checkbox"/> (8) HALOGENS	
						<input type="checkbox"/> (9) PCB	
						<input type="checkbox"/> (10) METALS	
						<input type="checkbox"/> (11) OTHER (specify):	
						<input type="checkbox"/> (1) FLYASH	
						<input type="checkbox"/> (2) ASBESTOS	
						<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	
						<input type="checkbox"/> (4) FERROUS SMELTG. WASTES	
						<input type="checkbox"/> (5) NON-FERROUS SMELTG. WASTES	
						<input type="checkbox"/> (6) OTHER (specify):	
						<input type="checkbox"/> (1) LABORATORY PHARMACEUT.	
						<input type="checkbox"/> (2) HOSPITAL	
						<input type="checkbox"/> (3) RADIOACTIVE	
						<input type="checkbox"/> (4) MUNICIPAL	
						<input type="checkbox"/> (5) OTHER (specify):	

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WASTE RELATED INFORMATION (continue)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

INC would occasionally ignite in contact with moisture.
No open burning at this site.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify):	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify):			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN	
4. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

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2 JUN 1992

Sites to be Tasked to PIT for Preliminary Assessment -
Superfund Notifiers

Samuel L. Nott, Chief
Enforcement Section, 6AW-SE

David Peters, Chief
Hazardous Waste Section, 6ES-SH

The sites on the attached forms have been identified as potential
hazardous waste sites through the CERCLA notification process.
Further information is available in the notification files on
the 27th floor. Please complete preliminary assessments and
reconnaissance inspections on these sites.

cc: Superfund Files

IRVING CITY OF - CF SKALLION
PROPERTY

TX07820 - TX09661 TXD980795637

6AW-SE:Newman:hn:05-28-82

SUPERFUND FILE

NOV 25 1992

REORGANIZED

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